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Patent
Attorney Docket No. CMED.10023

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jerry Y. JONN et al.
Application No.: 09/919,877
Filing Date: August 2, 2001
Title: ABSORBABLE ADHESIVE COMPOSITIONS

**REVOCATION OF POWER OF ATTORNEY WITH
NEW POWER OF ATTORNEY AND
CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

As the Assignee(s) of the entire interest in the above-identified patent/application, all powers of attorney previously given are hereby revoked, and the attorneys and agents associated with the following PTO Customer Number of Hutchison & Mason PLLC are hereby appointed to prosecute and to transact all business in the U.S. Patent and Trademark Office connected therewith:

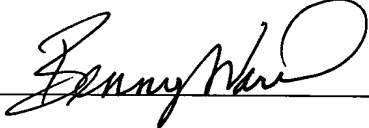
Customer Number 45473

Please change the correspondence address for the above-identified application to the address associated with the following PTO Customer Number:

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The undersigned, whose title(s) is/are supplied below, is/are empowered to sign this statement on behalf of the Assignee(s).

Date: 1/14/05

Signature: 

Name: Benny Ward
Title: CFO and VP of Finance
Company: Closure Medical Corporation



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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Jerry Y. JONN et al.

Application No./Patent No.: 09/919,877

Filing Date/Issue Date: August 2, 2001

Title: ABSORBABLE ADHESIVE COMPOSITIONS

Closure Medical Corporation, a Corporation states that it is the assignee of the entire right, title, and interest in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above.
The assignment was recorded in the U.S. Patent and Trademark Office at Reel 011256, Frame 0750, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignees as shown below:

1. From: _____ To: _____
The document was recorded in the U.S. Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

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The undersigned (whose title is supplied below) is authorized to act on behalf of the indicated assignee.

CLOSURE MEDICAL CORPORATION



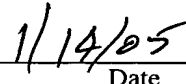
Signature

Benny Ward

Printed or Typed Name

CFO and VP of Finance

Title



Date

919-876-7800

Telephone Number